



TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management

R.N./P.A. EQUIVALENCY for
EMS CERTIFICATION or PARAMEDIC LICENSURE

For TDH Use Only **2A284/160**

Receipt # _____

Date _____

Amount _____

All information given on this application is considered public record, with the exception of SS number* and driver's license number.

Type or print in black ink. Incomplete and/or deficient applications will be returned for completion. Mail completed application, required documentation, R.N./P.A. Experience and Work History Checklist form and check or money order to your local public health region office (see attached list for addresses and phone numbers). When your application is approved, you will be notified concerning completion of skills proficiency verification and your eligibility to sit for the state written examination. Make payment payable to the **Texas Department of Health.**

Section 1 - Personnel Data

Print Name:	Last	First	Middle	Social Security #* or EMS Personnel ID#:
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar name.				
Mailing Address: PO Box or Street	City	State	Zip	County
Home Phone: ()		Business Phone: ()		
Date of Birth (MM/DD/YY):		Driver's License Number & State:		

Section 2 - Texas R.N./P.A. License Information

9 Texas Registered Nurse-License # _____ ** ** Attach photocopy of Texas R.N. license	9 Texas Physician Assistant-License # _____ ** ** Attach photocopy of Texas P.A. license
Additional Requirements: 9 AHA or Red Cross CPR Course (ECA and EMT levels)** 9 ACLS Course (EMT-I or EMT-P)** ** Attach photocopy of course completion	

Section 3 - EMS Employer Information

<u>List all licensed EMS firms and/or registered First Responder Organizations for which you work/volunteer:</u>			
Name of Firm	Address	City, State, Zip	Volunteer/Salaried***
*** Fee exemption is allowed only if you volunteer exclusively (receive no pay from any service for providing EMS care). Complete Volunteer Section 6 on the reverse side, if applicable.			

Section 4 - Certification/Licensure Level

Mark the level for which you are applying: G ECA G EMT G EMT-Intermediate**** G EMT-Paramedic**** G LIC-P**** ****You must have current EMT status prior to applying for advanced certification or licensure. If applying for paramedic licensure (LIC-P), attach a copy of your college diploma or transcript. Licensure rule requires you have completed at least 60 hours of college credit from a regionally accredited college or university which includes the Academic Core Curricula.

Section 5 - Criminal History Information

Have you ever been convicted of a felony or misdemeanor ? G Yes or G No If Yes, complete Section 5 on reverse. Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information on reverse under Section 5.

L continued on back... L

Last Name, First: _____

S S Number* or EMS ID#: _____

Section 5 - Criminal History Information, continued

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor traffic violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any convictions which are currently on appeal. For multiple offenses, use additional sheets(s). Attach additional information/documentation, e.g. court judgement(s), conditions(s) of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): _____

Date(s) of conviction(s): _____ Sentence(s): _____ Fine(s): _____

City, County and State where offense(s) committed: _____

List other names you have used (e.g. alias, married/maiden, etc.) _____

Are you/were you on probation/parole? **G** Yes or **G** No Projected discharge date: _____ Discharge date: _____

Has your criminal history previously been evaluated by TDH or any other State agency? **G** Yes or **G** No When: _____

If yes, which Texas agency: _____

Have you committed any criminal offenses, or has the court taken any actions against you since the evaluation?

G Yes or **G** No

Section 6 - Volunteer Sign-Off

This section to be completed by EMS administrator

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH licensed emergency medical services provider or a TDH registered first responder organization, and does not receive compensation***** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation****, other than reimbursement as described below.

I have explained to the candidate that if during the certification period, the candidate begins to receive compensation**** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.

Signature of Administrator

Print signed name

*****Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

FIRM/ORGANIZATION NAME:

TDH FIRM/REGISTRATION NUMBER:

PHONE:

Section 7 - Fees & Checklist

Mark the fee(s) you are submitting:

9 ECA & EMT - \$50

9 EMT-I & EMT-P - \$75

9 Licensed Paramedic - \$100

9 None - Volunteer Sign-Off - Section 6 is completed

9 Fees Past Due - EXPLAIN: _____

Enclosures (check all that may apply): **9** Photocopy of current Texas R.N./P.A. license **9** Photocopy of CPR or ACLS courses

9 R.N./P.A. Experience and Work History Checklist

9 Photocopy of college transcript or diploma, for paramedic licensure

Section 8 - Signature

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification/licensure or decertification/revocation.

Signature of Applicant _____ Date _____



R.N. / P.A. EXPERIENCE AND WORK HISTORY CHECKLIST

All information given on this application is considered public record, with exception of Social Security#. Please complete the following for the EMS Personnel certification/licensure for which you are applying. Complete the entire Work History Summary section. Use additional paper if necessary. Submit this document with your R.N./P.A. Application and the applicable fee to your public health region office.

Print Last Name	First	Middle	SS#* or EMS Personnel ID#
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EMERGENCY MEDICAL TECHNICIAN (EMT or ECA): Please answer these questions and provide evidence of completion of the following within the last 36 months:

☐ Minimum of 20 hours of clinical in-hospital experience? ☐ Yes ☐ No *(12 hrs may be completed in a JCAHO or AAAHC accredited primary care facility)*

Date(s) / Location(s): _____

☐ Minimum of eight hours in the emergency department? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Minimum of three supervised ambulance runs with a licensed EMS provider? ☐ Yes ☐ No

Date(s) / Location(s): _____

Please check which skills you have performed within the preceding 12 months:

☐ CPR: Infant, Adult, Team, Obstructed Airway (Adult and Infant) ☐ Physical Assessment of Patient
☐ Spinal Immobilization ☐ Bandaging and Splinting ☐ Mechanical Aids to Breathing ☐ Traction Splinting

EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I): Please answer these questions and provide evidence of completion of the following within the last 36 months:

☐ Minimum of 50 hours of clinical in-hospital experience? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Minimum of 24 hours in the emergency department? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Minimum of 50 hours of supervised experience on an authorized EMS vehicle operating as at least an ALS vehicle?
(At least three runs shall be completed during which the patient received ALS care) ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Demonstrated proficiency in endotracheal intubation? ☐ Yes ☐ No

Date(s) / Location(s): _____

EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I) SECTION CONTINUED ON BACK...

EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I) CONTINUED...

☐ Demonstrated proficiency in peripheral intravenous needle or catheter insertion? ☐ Yes ☐ No

Date(s) / Location(s): _____

Please check which skills you have performed within the preceding 12 months:

☐ CPR: Infant, Adult, Team, Obstructed Airway (Adult and Infant) ☐ Physical Assessment of Patient
☐ Spinal Immobilization ☐ Bandaging and Splinting ☐ Mechanical Aids to Breathing ☐ Traction Splinting
☐ IV Fluid Therapy: Peripheral Venipuncture ☐ Intubation: Endotracheal Tube (Adult and Infant)
☐ Utilization of Pneumatic Anti-Shock Garment ☐ Esophageal Airway

PARAMEDIC (EMT-P) or LICENSED PARAMEDIC (LIC-P): Please answer these questions and provide evidence of completion of the following within the last 36 months:

☐ Minimum of 140 hours of clinical in-hospital experience? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Minimum of 40 hours in the emergency department? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Minimum of 100 hours of supervised experience on an authorized EMS vehicle operating as a mobile intensive care unit (MICU)? (At least five runs shall be completed during which the patient received ALS care) ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Demonstrated proficiency in endotracheal intubation? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Demonstrated proficiency in peripheral intravenous needle or catheter insertion? ☐ Yes ☐ No

Date(s) / Location(s): _____

☐ Demonstrated proficiency in patient assessments, to include cardiac monitoring? ☐ Yes ☐ No

Date(s) / Location(s): _____

Please check which skills you have performed within the preceding 12 months:

☐ CPR: Infant, Adult, Team, Obstructed Airway (Adult and Infant) ☐ Physical Assessment of Patient
☐ Spinal Immobilization ☐ Bandaging and Splinting ☐ Mechanical Aids to Breathing ☐ Traction Splinting
☐ IV Fluid Therapy: Peripheral Venipuncture ☐ Intubation: Endotracheal Tube (Adult and Infant)
☐ Esophageal Airway ☐ Utilization of Pneumatic Anti-Shock Garment ☐ Defibrillation/Cardioversion

Drug Administration (including knowledge of drug dosage, actions and precautions):

☐ Intramuscular ☐ Subcutaneous ☐ I.V. Push ☐ Endotracheal ☐ Piggyback

CONTINUED ON FOLLOWING PAGE L

WORK HISTORY SUMMARY

Job Title: _____ From: ____/____/____ To: ____/____/____ ☒ Full-time ☒ Part-time

Name of Employer: _____ Department: _____

Address: _____ City: _____ St: _____ Zip: _____

Name/Title of Supervisor: _____ Telephone #: (____) _____

Describe Your Duties: _____

Job Title: _____ From: ____/____/____ To: ____/____/____ ☒ Full-time ☒ Part-time

Name of Employer: _____ Department: _____

Address: _____ City: _____ St: _____ Zip: _____

Name/Title of Supervisor: _____ Telephone #: (____) _____

Describe Your Duties: _____

Job Title: _____ From: ____/____/____ To: ____/____/____ ☒ Full-time ☒ Part-time

Name of Employer: _____ Department: _____

Address: _____ City: _____ St: _____ Zip: _____

Name/Title of Supervisor: _____ Telephone #: (____) _____

Describe Your Duties: _____

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this document may be considered as sufficient cause for denial of certification/licensure or decertification/revocation.

Signature of Applicant: _____ Date: _____

TEXAS DEPARTMENT OF HEALTH

REGIONAL EMS OFFICES

<p>Texas Department of Health P.O. Box 968 WTSU Station Canyon, Texas 79016-0968 (806) 655-7151 Ext. 212 (Voice) (806) 655-7159 (Fax)</p> <p>* Terry Bavousett Michael Lindsley Sharon Tillman</p>	Region 1
<p>Texas Department of Health 1109 Kemper Lubbock, Texas 79403 (806) 744-3577 (Voice) (806) 747-0243 (Fax)</p> <p>Denny Martin Thelma Blevins</p>	Region 1
<p>Texas Department of Health 1290 S. Willis, Suite 100 Abilene, Texas 79605 (915) 690-4410 (Voice) (915) 695-8363 (Fax)</p> <p>Andrew Cargile Joyce Nemec</p>	Region 2
<p>Texas Department of Health 4309 Jacksboro Highway Galaxy Building Suite 101 Wichita Falls, Texas 76302 (940) 767-8593 (Voice) (940) 767-9828 (Fax)</p> <p>Jerry Bradshaw</p>	Region 2
<p>Texas Department of Health 1351 E. Bardin Rd. P.O. Box 181869 Arlington, Texas 76096-1869 (817) 264-4404 (Voice) (817) 264-4405 (Fax)</p> <p>* Jimmy Dunn Pat Elmes David Post Randal Martin</p> <p style="text-align: right;">Deborah Bailey</p>	Region 3
<p>Texas Department of Health 1517 W. Front Street Tyler, Texas 75702-7854 (903) 533-5370 (Voice) (903) 533-5394 (Fax)</p> <p>* Bret Hart Pat Dilday</p> <p style="text-align: right;">Russell Hopkins Valerie Tumlinson</p>	Region 4&5
<p>Texas Department of Health 5425 Polk Ave., Suite J Houston, Texas 77023-1497 (713) 767-3333 (Voice) (713) 767-3330 (Fax)</p> <p>* C. Wayne Morris David Rives Scott Reichel Kevin Veal</p> <p style="text-align: right;">Bill Laster Shirley Milam Margaret Hernandez</p>	Region 6

<p>Texas Department of Health 2408 South 37th Street Temple, Texas 76504-7168 (254) 778-6744 Ext. 2288 (Voice) (254) 778-4066 (Fax)</p> <p>* Rod Dennison Janice Runyon Mike Foegelle</p> <p style="text-align: right;">Cindy Mays</p>	Region 7
<p>Texas Department of Health 1021 Garner Field Road Uvalde, Texas 78801 (830) 278-7173 (Voice) (830) 278-7170 (Fax)</p> <p>* Lee Sweeten Joyce Jaeggli</p>	Region 8
<p>Texas Department of Health 7430 Louis Pasteur San Antonio, Texas 78229 (210) 949-2050 (Voice) (210) 949-2010 (Fax)</p> <p>Fernando Posada Steve Hannemann</p>	Region 8
<p>Texas Department of Health 2301 North Big Spring Midland, Texas 79705 (915) 683-9492 (Voice) (915) 684-3932 (Fax)</p> <p>Leland Hart</p>	Region 9
<p>Texas Department of Health 6070 Gateway East, Suite 401 P.O. Box 9428 El Paso, Texas 79984-0428 (915) 774-6222 (Voice) (915) 774-6280 (Fax)</p> <p>* Tom Cantwell Anthony Viscon Maria Saucedo</p>	Region 10
<p>Texas Department of Health 601 W. Sesame Dr. Harlingen, Texas 78550 (956) 444-3210 (Voice) (956) 444-3299 (Fax)</p> <p>* Noemi Sanchez Carlos Tello</p>	Region 11
<p>Texas Department of Health 1233 Agnes Corpus Christi, Texas 78401 (361) 888-7762 (Voice) (361) 888-7766 (Fax)</p> <p>Rothy Moseley</p>	Region 11